

# CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
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21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36	1					
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49	1					
50		1				

Total

Indep

Total

Depend.

Total

Claims

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62	1					
63	1					
64	1					
65	1					
66	1					
67	1					
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74	1					
75		1				
76		1				
77		1				
78		1				
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80		1				
81		1				
82		1				
83		1				
84		1				
85		1				
86						
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88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total			7			
Indep			7			
Total			43			
Depend.			43			
Total			50			
Claims			50			